

DO/US WORKSHEET

INTERNATIONAL APPLICATION NUMBER PCT/FR 88/002/2		PRIORITY DATE 30 Apr 87	CH. II <input checked="" type="checkbox"/>	<input type="checkbox"/> 20 <input checked="" type="checkbox"/> 30 MO. DUE DATE 30 Oct 89																																																																						
INTERNATIONAL FILING DATE 02 May 88		FIRST NAMED APPLICANT FOR DO/EO/US Ranoux, Claude		TOTAL NUMBER 1																																																																						
LANGUAGE OF FILING <input type="checkbox"/> ENGLISH <input checked="" type="checkbox"/> FRENCH <input type="checkbox"/> GERMAN <input type="checkbox"/> JAPANESE <input type="checkbox"/> RUSSIAN <input type="checkbox"/> SPANISH	LANGUAGE OF PUBLICATION <input type="checkbox"/> ENGLISH <input checked="" type="checkbox"/> FRENCH <input type="checkbox"/> GERMAN <input type="checkbox"/> JAPANESE <input type="checkbox"/> RUSSIAN <input type="checkbox"/> SPANISH <input type="checkbox"/> NOT PUBLISHED: <input type="checkbox"/> U.S. ONLY DO/EO <input checked="" type="checkbox"/> AS OF EP REQUEST	PUBLICATION NO. W088/08280 DATE 03 Nov 88 GAZETTE ISSUE 24/88		DATE OF RECEIPT OF: PCT/IB/302 PCT/IB/304 PCT/IB/310 (A) 14 Aug 89 PCT/IB/310 (PD) PCT/IB/331 16 Dec 88 PCT/IPEA/409 30 Oct 89 35 U.S.C. 371 REQ. 30 Oct 89																																																																						
ART 20 RECEIPTS FROM IB <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> FROM APPLICANT <input type="checkbox"/> IB LATE <input type="checkbox"/> EP REQUEST <table style="width:100%;"> <tr> <th>ITEM</th> <th>COMPLETE</th> <th>REMINDER MAIL DATE</th> </tr> <tr> <td>REQUEST</td> <td><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</td> <td rowspan="4"></td> </tr> <tr> <td>DESCRIPTION</td> <td><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td>CLAIMS</td> <td><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td>DRAWING</td> <td><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td>SEARCH REPORT ORIGINAL</td> <td><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</td> <td rowspan="4"> <input type="checkbox"/> NO DRAWINGS ON FILING <input type="checkbox"/> ARTICLE 17 DECLARATION <input type="checkbox"/> NOT AMENDED <input type="checkbox"/> PUB. BEFORE TIME LIMIT TOTAL PRIORITY DOCUMENTS _____ </td> </tr> <tr> <td>SEARCH REPORT ENGLISH</td> <td><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td>AMENDED CLAIMS</td> <td><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</td> </tr> <tr> <td>PRIORITY DOCUMENT</td> <td><input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td>IPER</td> <td><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</td> <td></td> </tr> </table>					ITEM	COMPLETE	REMINDER MAIL DATE	REQUEST	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DESCRIPTION	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CLAIMS	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DRAWING	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SEARCH REPORT ORIGINAL	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> NO DRAWINGS ON FILING <input type="checkbox"/> ARTICLE 17 DECLARATION <input type="checkbox"/> NOT AMENDED <input type="checkbox"/> PUB. BEFORE TIME LIMIT TOTAL PRIORITY DOCUMENTS _____	SEARCH REPORT ENGLISH	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	AMENDED CLAIMS	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PRIORITY DOCUMENT	<input type="checkbox"/> YES <input type="checkbox"/> NO	IPER	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																																															
ITEM	COMPLETE	REMINDER MAIL DATE																																																																								
REQUEST	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																																																																									
DESCRIPTION	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																																																																									
CLAIMS	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																																																																									
DRAWING	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																																																																									
SEARCH REPORT ORIGINAL	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> NO DRAWINGS ON FILING <input type="checkbox"/> ARTICLE 17 DECLARATION <input type="checkbox"/> NOT AMENDED <input type="checkbox"/> PUB. BEFORE TIME LIMIT TOTAL PRIORITY DOCUMENTS _____																																																																								
SEARCH REPORT ENGLISH	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																																																																									
AMENDED CLAIMS	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																																																																									
PRIORITY DOCUMENT	<input type="checkbox"/> YES <input type="checkbox"/> NO																																																																									
IPER	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																																																																									
*RECEIPTS FROM APPLICANT UNDER 35 U.S.C. 371 <table style="width:100%;"> <tr> <th rowspan="2">ITEM</th> <th colspan="2">COMPLETE AT</th> <th colspan="2">COMPLETE AT</th> <th rowspan="2"></th> </tr> <tr> <th><input type="checkbox"/> 20</th> <th><input checked="" type="checkbox"/> 30 MO.</th> <th><input type="checkbox"/> 22</th> <th><input type="checkbox"/> 32 MO.</th> </tr> <tr> <td>NATIONAL FEE</td> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> <td><input type="checkbox"/> YES</td> <td><input checked="" type="checkbox"/> SURCHARGE</td> <td><input type="checkbox"/> NO</td> </tr> <tr> <td>OATH/DECLARATION</td> <td><input type="checkbox"/> YES</td> <td><input checked="" type="checkbox"/> NO</td> <td><input type="checkbox"/> YES</td> <td><input checked="" type="checkbox"/> SURCHARGE</td> <td><input type="checkbox"/> NO</td> </tr> <tr> <td>TRANSLATION OF:</td> <td colspan="5"><input type="checkbox"/> PROCESSING FEE</td> </tr> <tr> <td>REQUEST</td> <td><input checked="" type="checkbox"/> YES</td> <td><input checked="" type="checkbox"/> NO</td> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> <td><input type="checkbox"/> NO TRANSLATION REQUIRED</td> </tr> <tr> <td>DESCRIPTION</td> <td><input type="checkbox"/> YES</td> <td><input checked="" type="checkbox"/> NO</td> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> <td></td> </tr> <tr> <td>CLAIMS</td> <td><input type="checkbox"/> YES</td> <td><input checked="" type="checkbox"/> NO</td> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> <td></td> </tr> <tr> <td>ABSTRACT</td> <td><input type="checkbox"/> YES</td> <td><input checked="" type="checkbox"/> NO</td> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> <td></td> </tr> <tr> <td>WORDS IN DRAWING</td> <td><input type="checkbox"/> YES</td> <td><input checked="" type="checkbox"/> NO</td> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> <td></td> </tr> <tr> <td>ARTICLE 19 AMDT.</td> <td><input type="checkbox"/> YES</td> <td><input checked="" type="checkbox"/> NONE</td> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> <td><input type="checkbox"/> NONE</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> CANCELLED</td> </tr> </table> <p>(TO CLAIMS: MUST BE RECEIVED BY 20 OR 30 MOS.) ART. 36(3) AMT. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NONE (TO <input type="checkbox"/> CLAIMS <input type="checkbox"/> DESCRIPTION <input type="checkbox"/> DRAWING: <input type="checkbox"/> CANCELLED IF NOT BY 32 MO.)</p>					ITEM	COMPLETE AT		COMPLETE AT			<input type="checkbox"/> 20	<input checked="" type="checkbox"/> 30 MO.	<input type="checkbox"/> 22	<input type="checkbox"/> 32 MO.	NATIONAL FEE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> SURCHARGE	<input type="checkbox"/> NO	OATH/DECLARATION	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> SURCHARGE	<input type="checkbox"/> NO	TRANSLATION OF:	<input type="checkbox"/> PROCESSING FEE					REQUEST	<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NO TRANSLATION REQUIRED	DESCRIPTION	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO		CLAIMS	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO		ABSTRACT	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO		WORDS IN DRAWING	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO		ARTICLE 19 AMDT.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NONE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NONE						<input type="checkbox"/> CANCELLED
ITEM	COMPLETE AT		COMPLETE AT																																																																							
	<input type="checkbox"/> 20	<input checked="" type="checkbox"/> 30 MO.	<input type="checkbox"/> 22	<input type="checkbox"/> 32 MO.																																																																						
NATIONAL FEE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> SURCHARGE	<input type="checkbox"/> NO																																																																					
OATH/DECLARATION	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> SURCHARGE	<input type="checkbox"/> NO																																																																					
TRANSLATION OF:	<input type="checkbox"/> PROCESSING FEE																																																																									
REQUEST	<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NO TRANSLATION REQUIRED																																																																					
DESCRIPTION	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO																																																																						
CLAIMS	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO																																																																						
ABSTRACT	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO																																																																						
WORDS IN DRAWING	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO																																																																						
ARTICLE 19 AMDT.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NONE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NONE																																																																					
					<input type="checkbox"/> CANCELLED																																																																					
OTHER RECEIPTS FROM APPLICANT AND DATE RECEIVED: 																																																																										
EP REQUEST <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO OTHER: _____ RECEIVED BEFORE: <input type="checkbox"/> 16 MO SEARCH REPORT <input type="checkbox"/> 18 MO PUB <input type="checkbox"/> ART 20 FROM IB																																																																										
INFORMALITIES <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OATH/DECLARATION																																																																										